

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042629

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 203

VS 300
Rev. 4/59

1085

21085

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada	
Length of stay in 1b 20 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City Hosp.		d. STREET ADDRESS (If outside, give location) 114 W. Grand	
3. NAME OF DECEASED (Type or print) First RAY Middle T Last MARTIN		4. DATE OF DEATH Month 10 Day 22 Year 63	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/28/92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Worker		10b. KIND OF BUSINESS OR INDUSTRY Oil	
11a. FATHER'S NAME Joseph Martin		11b. MOTHER'S MAIDEN NAME Zella Earnshaw	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		12b. SOCIAL SECURITY NO. 62 Margaret Martin, Nevada, Mo.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic severe pulmonary emphysema		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from Oct. 21, 1963 to Oct. 22, 1963 and last saw him alive on October 21, 1963 Death occurred at Nevada, Missouri 4:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. P. McGinn (Doyle or title) L. P. McGinn, M.D.		22b. ADDRESS Moore Bldg., Nevada, Mo.	
22c. DATE SIGNED 10/22/1963		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10/24/63		23c. NAME OF CEMETERY OR CREMATORY Steeleville Cem.	
23d. LOCATION (City, town, or county) Steeleville, Mo.		24. FUNERAL DIRECTOR Richard L. Shorten, Nevada, Mo.	
25. DATE RECD. BY LOCAL REG. 10-26-1963		26. REGISTRAR'S SIGNATURE Anna E. Ferry	

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph C. McLeod

Licensed Embalmer No.

4853

P. O. Address

Florida, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.